

# Addressing Stigma and Discrimination Toward Older Adults

May 11, 2004



This teleconference is sponsored by the Resource Center to Address Discrimination and Stigma, (ADS Center).

The ADS Center is a program of the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.

The ADS Center helps people design, implement and operate programs that reduce discrimination and stigma associated with mental illnesses.

*The views, opinions, and content of these presentations are those of the presenters and do not necessarily reflect the views, opinions or policies of CMHS, SAMHSA or DHHS.*



ADS Center  
1211 Chestnut Street  
11th Floor  
Philadelphia, PA 19107  
1-800-540-0320  
[info@adscenter.org](mailto:info@adscenter.org)  
[www.adscenter.org](http://www.adscenter.org)

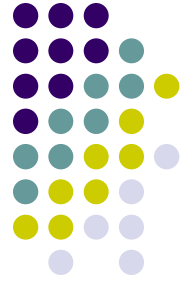
(Moderator for this call is Shannon Flanagan.)



## Speakers

- Hikmah Gardiner, **First Vice President, Older Adult Consumer Mental Health Alliance**
- Tom Volkert, **M.S.W., L.S.W., Project Director, Mental Health and Aging Advocacy Project**
- Stephen Ferrante, **M.S.W., Director of the Elderly and Veterans Services Division of Broward County, Florida; and the Florida Coalition for Optimal Mental Health and Aging**

# First Person Perspective



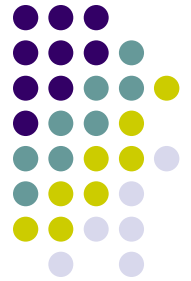
*“We all have problems. **Nobody is free from what I call the human condition.**”*

**“Don’t sit there and think because you’ve reached a certain age, there’s nothing you can do. If you don’t say anything, folks will think it’s OK.”**

**“Remember, you have the right to self-determination.”**

**“Don’t covet your neighbor’s good attitude, get one of your own.”**

# Older Adults in America



- Make up 13% of population of the United States - by 2030 that will double.
- 18 - 25% of older adults are in need of mental health care for depression, anxiety, psychosomatic disorders, adjustment to aging, and schizophrenia.
- Of all people that use inpatient psychiatric services, 7% are older adults.
- Less than 3% of the Medicare budget is for mental health.
- Highest suicide rate: 17 people per day. Suicide among white males aged 85 and older is nearly six times the overall suicide rate in the United States.
- Studies in nursing homes show up to 70% of older residents suffer from depression.

# Older Adults and Stigma



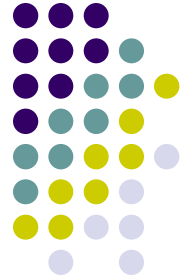
- Self-Stigma

According to an NMHA survey on attitudes and beliefs about clinical depression:

- Approximately 68% of adults aged 65 and over know little or almost nothing about depression.
- Only 38% of adults aged 65 and over believe that depression is a “health” problem.
- If suffering from depression, older adults are more likely than any other group to “handle it themselves”.
- Signs of depression are mentioned more frequently by people under age 64 than people aged 65 and over. These include “a change in eating habits” “a change in sleeping habits” and “sadness”.
- About 58% of people aged 65 and older believe that it is “normal” for people to get depressed as they grow older.

Tom Volkert

# Complexity of Problems



- The hallmark of mental illness in older adults is its complex interaction with physical health
- People with physical health problems are more vulnerable to mental illness



# Older Adults in Pennsylvania



- Pennsylvania has the second highest population percentage of older adults in the nation
- 2.5 Million older adults (60+) represent 20% of the population
- By 2020 the population of older adults will be up to 3 million people, comprising 25% of the state's overall population
- Older adults in rural areas have the highest rate of suicide
- Over \$2 billion allocated for the state mental health budget; only \$1.1 million of that money is designated for programs for older adults

# Mental Health Aging Advocacy Project: Need



## **Addressing stigma within the system.**

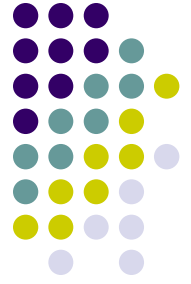
- More than 55% of older persons treated for mental health services received care from primary care physicians. Yet, physicians fail to recognize mental illness 50% of the time.
- In any given year, less than 3% of people aged 65 and older received treatment from mental health professionals.
- Medicare requires a 50% co-payment for outpatient mental health services.
- Mental Health Block Grant as well as many state services consider older adults a subset of adults and therefore do not develop services for the unique needs of older adults.

# Mental Health Aging Advocacy Project: Background



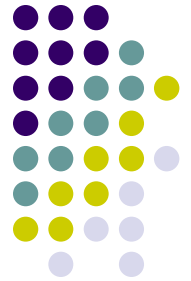
- Consumers, Professionals, Advocates working together.
- Senior Advocacy Team.
- Began in December 1999 as a support/problem solving group for older adult consumers and older adult family members.
- Slowly expanded to reach out to older adults at senior centers, senior residents, and faith communities.
- Mission is to raise public awareness of the unique mental health needs of older adults and to advocate for mental health services that are accessible and appropriate for older adults.

# Mental Health Aging Advocacy Project: Goals



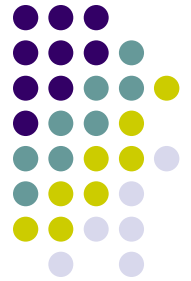
- Strengthen local network of older adults, consumers, caregivers and advocates.
- Increase visibility of advocacy efforts.
- Foster increase in funding for appropriate Mental Health and Aging Programs.

# Mental Health Aging Advocacy Project: Activities



- Create Large Group Presentations at senior centers, senior residences and faith communities.
- Conduct Five-Session Advocacy Course on Successful Aging and Mental Health.
- Train older adults/consumers to facilitate sessions.
- Manage Annual Conference on Mental Health and Aging topic.

# Mental Health Aging Advocacy Project: Activities (cont.)



## Advocacy for Accessible and Appropriate Care for Older Adults

- Local efforts to fund and support improvement and expansion of services.
- Worked with Pennsylvania Mental Health and Aging Coalition to require counties to delineate in their Mental Health Plans how they will identify older adults at-risk for mental illness; services are available for older adults; and how the MH/MR office collaborates with the Area Agency on Aging.
- Make State Mental Health Planning Council include a proportion of older adults.

# Mental Health Aging Advocacy Project: Activities (cont.)



- Initiate focus groups to identify barriers to services, materials to reach older people, and standards of care.
- Work with national organizations (OACMHA, Bazelon, NCOA, AARP, NAMI) to make mental health a part of the national agenda for older adults, create accessible and appropriate mental health services.

## Training staff who care for older adults

- Long-term care staff

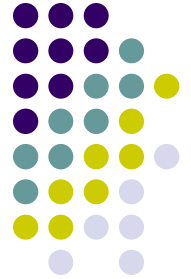
# Mental Health Aging Advocacy Project: Success



- Advocated for funds for the first mental health and aging pilot projects.
- Advocated for a strong statement from the Deputy Secretary on the right of older adults - even those with dementia - to mental health treatment.
- Held two statewide Mental Health and Aging conferences.
- Helped organize Mental Health and Aging Hearings in the Pennsylvania House of Representatives (2002).
- Shaped the County Mental Health Reports to include older adults (2003).
- Expansion of Pharmaceutical Assistance Contract for the Elderly.
- Mental Health Planning Council restructuring to increase the voice for older adults (2004).
- Holding focus groups on the barriers to service for older adults in Pennsylvania.



# Mental Health Aging Advocacy Project: Future Goals

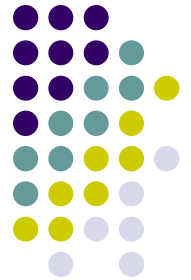


- Hold yearly Mental Health and Aging conference; hold legislative breakfast around mental health and aging issues and results of focus groups.
- Develop a statewide advocacy newsletter with regional features.
- Support, monitor and expand the new pilot projects.
- Increase older adult consumer representation in regions/state advisory groups.
- Document “between the cracks” cases and monitor penetration rates for new HMOs.

## Ultimate Goal:

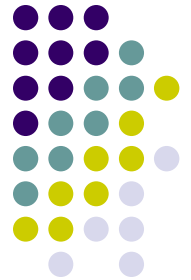
- A continuum of care for older adults with mental health/substance abuse problems.
- A network of mental health/aging coalitions on a local state and national level.

# Florida Coalition for Optimal Mental Health and Aging: Mission



- “To work together to improve the availability and quality of mental health and substance abuse services for older Floridians and their families through training, education, research and increased public awareness”
- Advocacy and Training
- Influence Legislation
- Implement Change in Public Policy
- Public Education

# Florida Coalition for Optimal Mental Health and Aging: Background



Formed May 1998

## Composition:

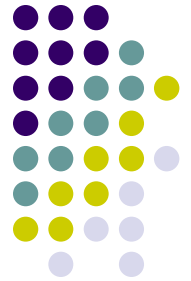
- Service Providers and Practitioners
- Policy Makers
- Academicians
- Agency Directors
- Primary and Secondary Consumers
- Interested Professionals and Advocates

# Florida Coalition for Optimal Mental Health and Aging: Background (cont.)



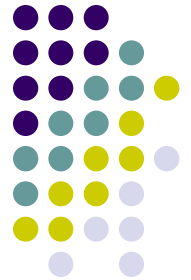
- Create a Link between the State Coalition and Your Local Network
- University Affiliation and Support
- Connect with other Regional Coalitions
- Assess, Plan and Address Local Issues
- Foster Positive System Change
  - Communication
  - Collaboration/Integrations
  - Strength in Numbers & Data
- Improve Advocacy Efforts
- Maximize Resources
- Improve Consumer Outcomes

# Broward Older Adult Workgroup



- Aging Service Providers and Professionals
- Mental Health Service Providers and Professionals
- Substance Abuse Service Providers and Professionals
- Primary Care Providers and Professionals
- Housing Providers
- Primary and Secondary Consumers
- Interested Advocates
- TOTAL ACTIVE DIVERSE MEMBERS = 35  
(4/01 - Present)

# Broward Older Adult Workgroup: Members



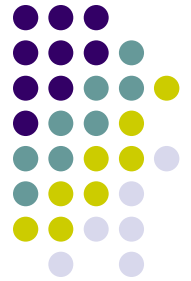
- Area Agency on Aging
- DCF, APS & Office of Consumer Affairs
- Broward County Elderly and Veterans Services Division
- Mental Health Association
- Broward Addictions Recovery Center
- NAMI of Broward County/Silver Center
- North Broward & South Broward Hospital Districts
- NASW – Broward Chapter
- Coordinating Council of Broward County
- Nova Southeastern University Geriatric Institute
- Gulf Coast Community Care/E-GRTS
- Henderson Mental Health Center
- Broward Community Development Corporation
- 211 – First Call for Help of Broward
- Catholic Charities
- Hospice
- ARC Broward
- Florida Initiative for Suicide Prevention

# Broward Older Adult Workgroup: Mission and Priorities



- “To Improve the Availability and Quality of Mental Health and Substance Abuse Services for Broward County’s Elders”
- Legislative Advocacy – Comprehensive Act
- Enforcement of Section 20 of Senate Bill 358
- Improve Community Education, Outreach and Prevention
- Establish an Integrated Services Delivery System
- Facilitate Training/Cross Training Initiative for Stakeholders
- Establish Specialized Services – Elder Proficiency
- Improve Consumer Alternatives and Outcomes

# Broward Older Adult Workgroup: Activities



- Monthly Meetings
- Membership Cross Training
- Participation in “Broward Elder Analysis”
- Needs Assessment/Services Inventory/Gaps Analysis
- Community “Status” Report
- Community Education/Health Fair Participation
- Grant Applications:
  - SAMHSA/Retirement Research Foundation /National Institute for Justice/Lilly Reintegration
- Transportation Forum
- Become Regional Chapter Statewide Coalition
- Host 6<sup>th</sup> Annual Statewide Coalition Conference
- Holiday Clothing & Personal Care Drive for ALFs

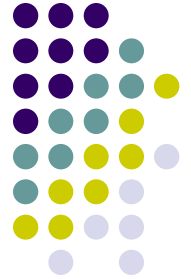


# Broward Older Adult Workgroup: Future Plans



- Assess Data on Aging of Younger Cohorts
- Inventory Prevention, Outreach & Early Intervention Efforts
- Create Healthy Aging Curriculum
- Draft Older Adult MH SA Strategic Plan
- Develop Elder Specific Outcomes with local DCF
- Establish Model Standards, Protocol, & Instrument(s) for Assessment
- Formalize Collaboratives
- Work with Community Partners on:
  - Cultural Competency
  - Housing Forum
- Social Marketing Campaign
- Host conference with Florida Council on Compulsive Gambling

# Creating a Coalition



- Ask “What Do You Hope to Accomplish?”
- Analyze Methods to Reach Desired Outcome
- Decide if a Coalition is a Viable Approach and Investment
- Determine and Convene Key Stakeholders in a Planning Meeting
  - Build Consensus
  - Determine Next Steps and Others to Involve
  - Recruit the Right People

# Creating a Coalition: Considerations



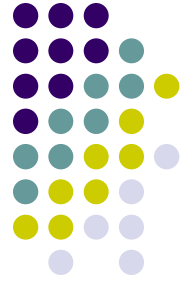
- Local Coalition History/Experience
- Favorable Climate?
- Community Readiness
- Existing Leadership
- Ownership
- Strengths and Weakness
- Decision Making Process
- By-Laws
- Staffing
- Funding/In-kind

# Creating a Coalition: Setting the initial meeting



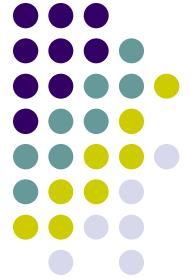
- Date/Time/Location
- Invitations
- Agenda
- Review Common Interests
- Name
- Mission/Goals/Objectives/Priorities
- “Did We Miss Anyone?”
- Resource Needs
- Meeting Schedule
- Refreshments

# Creating a Coalition: Membership



- Open vs. Limited
- Number
- Diversity
- Consumers and Families
- Mutual Respect, Acceptance, Understanding
- Flexibility
- Commitment
- Other

# Creating a Coalition: Maintaining Momentum



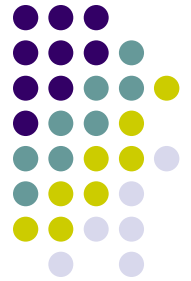
- Meeting Notices
- Minutes
- Agenda Development thru Member Input
- Leadership Structure (Officers?)
- Opportunities for Participation/Satisfaction
- Evaluate Meetings
- Track Activities
- Record and Report Outcomes
- Recognition/Acknowledgement/Appreciation
- Consistency

# Creating a Coalition: Suggestions for Success



- Diversity and Varying Expertise of Membership
- Minimal Bureaucracy
- Organized Format
- Attention to Detail and Planning
- Action and Product Oriented
- Effective Communication
- Managing Conflict

## QUESTIONS?



*At the end of the speaker presentations you will be able to ask questions. You may submit your question by pressing 01 on your telephone keypad. You will enter a queue and be allowed to ask your question in the order in which it is received. On hearing the conference operator announce your name you may proceed with your question.*





The following speakers can be contacted directly for more information:

- **Hikmah Gardiner**, (215) 751-1800, ext. 297
- **Tom Volkert**, Mental Health Association of Southeastern Pennsylvania, 1211 Chestnut Street, 11<sup>th</sup> Floor, Philadelphia, PA, 19107. [tvolkert@mhasp.org](mailto:tvolkert@mhasp.org)
- **Stephen Ferrante**, (954) 537-2805

[www.adscenter.org](http://www.adscenter.org)





**Thank you very much for participating in the ADS Center teleconference, “Addressing Stigma and Discrimination Toward Older Adults”.**

**Your feedback is vital to us. Please follow the link below to complete a short anonymous survey about the call. If you would help us by forwarding this message to anyone that participated in the call with you, we would appreciate their comments as well. Please call 1-800-540-0320 if you have any difficulties filling out the survey online. Thank you for your feedback and cooperation.**

**[www.surveymonkey.com/s.asp?u=20510476194](http://www.surveymonkey.com/s.asp?u=20510476194)**

**The Resource Center to Address Discrimination and Stigma (ADS Center), is a project of the Center for Mental Health Services of the Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.**